

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: JAMES D. WEBB ET AL.  
TITLE: DATA EXCHANGE WEB SERVICES FOR MEDICAL DEVICE SYSTEMS

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 325 072 386 US, on this 9<sup>th</sup> day of April, 2004.

MOLLY CHLEBECK

Printed Name

Signature

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ Patent Application Transmittal

☒ Specification:

Total pages: 32 (including claims and abstract: Spec. 27 sheets; Claims 4 sheets; Abstract 1

☒ Drawings:

Total sheets: 11

☐ formal

☒ informal

☒ Combined Declaration and Power of Attorney:

☒

unexecuted

☐

copy from prior application

☐

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ Accompanying application parts:

☐

Notification of filing a

☐

Assignment of the Invention to Medtronic, Inc.

☐

Assignment cover sheet

☐

Information Disclosure Statement

☐

PTO Form 1449

☐

Copies of IDS citations

☐

Preliminary Amendment

☐

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒

Return Postcard

IF A CONTINUING APPLICATION:

☐

Continuation  
No. .

☐

Divisional

☐

Continuation-in-part (CIP) of prior application

☐

Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐

Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐

The prior application is assigned of record to Medtronic, Inc.

☐

The Power of Attorney in the prior application is to: \_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.


☒ Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581

FEE CALCULATION	No. of Claims Filed			No. of Extra Claims	Rate	Fee
	Claims Included in Base Fee					
Total Claims	20	20	=	0	x 18	\$0.00
Independent Claims	3	3	=	0	x 86	\$0.00
Multiple Dependent Claims				0	+ 290	
Basic Filing Fee						\$770.00
					TOTAL	\$770.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$770.00** for the filing fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

4/9/09  
Date

  
Daniel G. Chapik, Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581